



EXHIBIT SPACE APPLICATION AND CONTRACT

Upon acceptance of this contract by NASPGHAN, the undersigned company agrees to the conditions, rules and regulations outlined in this prospectus. The undersigned company further agrees that NASPGHAN shall have the full power to interpret and enforce all regulations contained herein, and the power to make such amendments and such further rules and regulations as deemed necessary for the proper conduct of the exhibition. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due to NASPGHAN under terms of this agreement. Cancellations must be submitted to NASPGHAN in writing.

Company Information *(Please type or print this application)*

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone *(for inclusion in program book)*: _____

Fax *(for inclusion in program book)*: _____

Company web address *(for inclusion in program book)*: _____

Submitted by: _____

Contact Person: _____

Title: _____

Email: _____

Telephone: _____ Fax: _____

Booth Selection *(NASPGHAN reserves the right to rearrange the floor plan or relocate displays)*

The basic rate includes: 8' backdrop and 3' side rails, security, daily cleaning of aisles, general lighting, ventilation, heat, and a 7" x 44" two-line identification sign indicating company name and booth number(s).

- Standard In-Line Booth (\$1600)
- Corner Booth (\$1800)
- Island Booth (\$22 per square foot)

Total number of booth(s) requested: _____ Total cost of booth(s) requested \$ _____

Preferred Location:

1st Choice: _____ Price \$ _____

2nd Choice: _____ Price \$ _____



We wish to avoid having our exhibit located adjacent to or opposite from the following companies:

Principal products to be displayed:

Company Description *(Applications received after September 15, 2010 will not be listed in the official program)*

Please email a 50-word description of your company services/products to be included in the official program Email to: sfasold@naspghan.org

- Description Attached I am not submitting a description

Payment Information

- MasterCard Visa Check Enclosed *(Made payable to NASPGHAN)*

Credit Card #: _____ Verification Code: _____ Expiration Date: _____

Name on Card: _____ Total Amount: \$ _____

Return Application via:

1. Fax (215-233-3918)
2. Mail (NASPGHAN National Office, PO Box 6, Flourtown, PA 19031)
3. Email (sfasold@naspghan.org)

FOR NASPGHAN USE ONLY

Date Received: _____

Booth(s) Assigned: _____

Notes: _____
